Women's Health Care Bibliography
October 2004

1: J Am Med Womens Assoc. 2004 Winter;59(1):54-60.
Management and follow-up of abnormal Papanicolaou tests.
Gingrich PM.

Although less prevalent than breast cancer, cervical cancer has a lower 5-year survival rate. Cervical cancer is nearly always due to human papillomavirus (HPV). Increased screening and DNA typing for oncogenic HPV have begun to reduce the number of cases. Interpretation of Papanicolaou test results and disease management decisions require a comprehensive grasp of recent revisions in classification and management practice. This article reviews the recommendations of the multidisciplinary Bethesda 2001 Workshop and the American Society for Colposcopy and Cervical Pathology. Practice changes include: new criteria for using liquid-based collection, a streamlined borderline category of atypical squamous cells (ASC), and a new category of ASC-cannot exclude high-grade lesion (ASC-H). Management includes colposcopy for all categories suspicious for epithelial abnormality and clearer guidelines for diagnostic colposcopy and endocervical sampling for glandular cell abnormalities (AGC, AGC-favor neoplasia). Adolescents and postmenopausal women have some variations from the recommended protocol. Reflex HPV DNA typing reflects the advances in research regarding risks for progression to cervical cancer. Treatment options include surgical removal of the lesions via laser, cryosurgery, loop excision, or cold-knife conization. Medical options include local treatments of cervical condyloma with tricloroacetic acid or 5-fluorouracil. Visible and sometimes functional cervical changes may result. Clinicians now have clearer guidelines with which to manage abnormal Papanicolaou test results, using the latest technology and research. Discussing abnormal results with patients requires great sensitivity.
Publication Types: Case Reports
PMID: 14768988 [PubMed - indexed for MEDLINE]

2: J Neuropsychiatry Clin Neurosci. 2004 Winter;16(1):120-1.
Parity, number of pregnancies, and the age of onset of Alzheimer's disease.
Sobow T, Kloszewska I.
Publication Types: Letter
PMID: 14990773 [PubMed - indexed for MEDLINE]

3: Can J Diet Pract Res. 2004 Summer;65(2):85-9.
Nutrition and women's health: position of the American Dietetic Association and Dietitians of Canada.
Affenito S, Lambert-Lagace L, Kerstetter J, Demark-Wahnefried W; American Dietetic Association; Dietitians of Canada.

It is the position of the American Dietetic Association (ADA) and Dietitians of Canada (DC) that women have specific nutritional needs and vulnerabilities and, as such, are at unique risk for various nutrition-related diseases and conditions that affect the duration and quality of their lives. Although women's health-related issues are multifaceted, nutrition has been shown to influence significantly the risk of chronic disease and assist in maintaining optimal health status. Therefore, the ADA and DC encourage dietetics professionals to
strongly support research, health promotion activities, health care services, and advocacy efforts that will enable women to adopt desirable nutrition practices for optimal health.
PMID: 15217527 [PubMed - indexed for MEDLINE]

4: Clin Lab Sci. 2004 Summer;17(3):155-63.
Polycystic ovary (Stein-Leventhal) syndrome: etiology, complications, and treatment.
Hoyt KL, Schmidt MC.

Polycystic ovary syndrome (PCOS) occurs in approximately 3% to 5% of the female population and may be the leading cause of infertility in those of reproductive age. PCOS presents clinically with a variety of signs and symptoms; the most common being menstrual irregularities, hyperandrogenism, infertility, and obesity. The true pathophysiology has not been clearly elucidated; however, there is growing agreement that gonadotropin dynamic dysfunction, hyperandrogenism, and insulin resistance are key features. The diagnosing of
PCOS involves radiologic and laboratory studies. Radiologic studies typically include pelvic ultrasound; laboratory data should be obtained regarding pertinent gonadotropins and other hormone levels. PCOS is not a benign condition. It may lead to complications involving glucose metabolism, dyslipidemias, cardiovascular disease, and cancer. The goals of treatment should focus on restoring menstrual regularity, decreasing androgen excesses, and decreasing insulin resistance.
Publication Types: Case Reports/Review/Review, Tutorial
PMID: 15314890 [PubMed - indexed for MEDLINE]

5: Yale J Health Policy Law Ethics. 2004 Winter;4(1):85-121.
New diagnoses and the ADA: a case study of fibromyalgia and multiple chemical sensitivity.
Afram R.
Publication Types: Legal Cases/Review/Review, Tutorial
PMID: 15052861 [PubMed - indexed for MEDLINE]

6: Clin Exp Rheumatol. 2004 Sep-Oct;22(5):554-60.
The Fibromyalgia Impact Questionnaire: a validated Spanish version to assess the health status in women with fibromyalgia.
Rivera J, Gonzalez T.

OBJECTIVE: To translate, adapt, validate and assess the sensitivity to change of a Spanish version of the Fibromyalgia Impact Questionnaire (FIQ-S). METHODS: The FIQ-S was adapted following the translation and back-translation methodology. Female patients with fibromyalgia (FM) were invited to participate. Reliability was analyzed by the Spearman correlation coefficient between test and retest. Internal consistency was checked by the Cronbach's alpha coefficient. Construct validity was analyzed comparing FIQ-S with: HAQ, FHAQ, SF-36, SCL90-R, and the visual analogue scale for pain. Sensitivity to change was assessed in an 8-week randomized trial of exercise therapy. Feasibility was analyzed by the time taken in completing the FIQ-S and the proportion of patients able to complete the

questionnaire. RESULTS: Translation was concordant. Adaptation affected at 4 sub-items of physical function. One-hundred and two FM patients completed the protocol. Mean age was 48.7 years with a mean of 9.2 years of evolution. Test-retest correlations were between 0.61-0.85 ($p < 0.0001$). Internal consistency showed alpha = 0.82 for all items and alpha = 0.86 for the sub-items of physical function. Significant correlations ($p < 0.0001$) were found between the FIQ-S items and HAQ, FHAQ, SF-36 and SCL90-R. For patients treated with the exercise program, the pre-treatment FIQ-S score was 52.0 +/- 11.5 and the post-treatment score was 40.8 +/- 13.7 ($p < 0.003$). Mean time for completing FIQ-S was 3.3 minutes. In 4% of the patients external help was needed. CONCLUSION: The FIQ-S is a reliable, valid and responsive to changes questionnaire for measuring health status and physical function in Spanish speaking FM patients.
PMID: 15485007 [PubMed - in process]

7: Clin J Pain. 2004 Sep-Oct;20(5):348-56.
Pain assessment in patients with fibromyalgia syndrome: a consideration of methods for clinical trials.
Williams DA, Gendreau M, Hufford MR, Groner K, Gracely RH, Clauw DJ.

OBJECTIVE: This study was designed to compare 3 commonly used methodologies for assessing clinical pain during trials involving patients diagnosed with fibromyalgia syndrome. Baseline characteristics, characteristics over time, and compliance were evaluated for each of the methods. METHODS: Fourteen patients diagnosed with fibromyalgia syndrome were asked to monitor their symptoms of pain using 3 different strategies over a 12-week period: 1) real-time pain reports were collected on an electronic diary using randomly-scheduled audible prompts; 2) end-of-week reports asked patients to rate their mean pain over the past week on the electronic diary; and 3) monthly in-clinic reports asked patients to rate their mean pain for the week using a traditional paper and pencil diary. RESULTS: Significantly different baseline values were obtained for
the 3 methods. Paper and pencil produced the highest values, and real-time pain reports produced the lowest baseline values. Pain ratings were more likely to reflect decreases in the 2 methods relying on recall than the real-time strategy. The average adherence with pain monitoring using the electronic diary was 85%, which was superior to the adherence for the recall measures completed during the clinic visits. CONCLUSION: Pain assessment methods relying on recall might contribute to an apparent improvement in clinical trials in the absence of an intervention; such an effect has been considered a "placebo response." Future clinical trials might consider using a real-time approach to pain assessment, which in this study appeared to mitigate against seeing improvement in the absence of an intervention and demonstrated higher levels of patient adherence.
PMID: 15322442 [PubMed - indexed for MEDLINE]

8: JAMA. 2004 Sep 8;292(10):1195-204.
Comment in: JAMA. 2004 Sep 8;292(10):1234-5.
Effect of galantamine hydrobromide in chronic fatigue syndrome: a randomized controlled trial.
Blacker CV, Greenwood DT, Wesnes KA, Wilson R, Woodward C, Howe I, Ali T.

CONTEXT: There is no established pharmacological treatment for the core symptoms of chronic fatigue syndrome (CFS). Galantamine hydrobromide, an acetyl cholesterone inhibitor, has pharmacological properties that might benefit patients with CFS. OBJECTIVE: To compare the efficacy and tolerability of galantamine hydrobromide in patients with CFS. DESIGN, SETTING, AND PATIENTS: Randomized, double-blind trial conducted June 1997 through July 1999 at 35 outpatient centers in the United Kingdom (n = 17), United States (n = 14), the Netherlands (n = 2),

Sweden (n = 1), and Belgium (n = 1) involving 434 patients with a clinical diagnosis of CFS (modified US Centers for Disease Control and Prevention criteria). INTERVENTIONS: A total of 89 patients were randomly assigned to receive 2.5 mg of galantamine hydrobromide; 86 patients, 5.0 mg; 91
patients, 7.5 mg; and 86 patients, 10 mg (these patients received medicine in the tablet form 3 times per day); a total of 82 patients received matching placebo tablets 3 times per day. MAIN OUTCOME MEASURES: The primary efficacy variable was the global change on the Clinician Global Impression Scale after 4, 8, 12, and 16 weeks of treatment. Secondary outcomes were changes in core symptoms of CFS on the Chalder Fatigue Rating Scale, the Fibromyalgia Impact Questionnaire, and the Pittsburgh Sleep Quality Index; changes in quality of life on the Nottingham Health Profile; and assessment of plasma-free cortisol levels and cognitive performance on a computer-based battery of tests. RESULTS: After 16 weeks, there were no statistically significant differences between any of the galantamine or placebo groups in clinical condition on the Clinician
Global Impression Scale, or for any of the secondary end points. Exploratory regression analysis failed to detect any consistent prognostic factor that might have influenced the primary or any secondary outcome measures. CONCLUSION: This trial did not demonstrate any benefit of galantamine over placebo in the
treatment of patients with CFS.
Publication Types: Clinical Trial/Multicenter Study/Randomized Controlled Trial
PMID: 15353532 [PubMed - indexed for MEDLINE]

9: Arthritis Rheum. 2004 Sep;50(9):2974-84.
A double-blind, multicenter trial comparing duloxetine with placebo in the treatment of fibromyalgia patients with or without major depressive disorder.
Arnold LM, Lu Y, Crofford LJ, Wohlreich M, Detke MJ, Iyengar S, Goldstein DJ.

OBJECTIVE: To assess the efficacy and safety of duloxetine, a serotonin and norepinephrine reuptake inhibitor, in subjects with primary fibromyalgia, with or without current major depressive disorder. METHODS: This study was a randomized, double-blind, placebo-controlled trial conducted in 18 outpatient research centers in the US. A total of 207 subjects meeting the American College of Rheumatology criteria for primary fibromyalgia were enrolled (89% female, 87% white, mean age 49 years, 38% with current major depressive disorder). After single-blind placebo treatment for 1 week, subjects were randomly assigned to receive duloxetine 60 mg twice a day (n = 104) or placebo (n = 103) for 12 weeks. Co-primary outcome measures were the Fibromyalgia Impact Questionnaire (FIQ) total score (score range 0-80, with 0 indicating no impact) and FIQ pain score (score range 0-10). Secondary outcome measures included mean tender point pain threshold, number of tender points, FIQ fatigue, tiredness on awakening, and stiffness scores, Clinical Global Impression of Severity (CGI-Severity) scale, Patient Global Impression of Improvement (PGI-Improvement) scale, Brief Pain Inventory (short form), Medical Outcomes Study Short Form 36, Quality of Life in Depression Scale, and Sheehan Disability Scale. RESULTS: Compared with placebo-treated subjects, duloxetine-treated subjects improved significantly more (P = 0.027) on the FIQ total score, with a treatment difference of -5.53
(95% confidence interval -10.43, -0.63), but not significantly more on the FIQ pain score (P = 0.130). Compared with placebo-treated subjects, duloxetine-treated subjects had significantly greater reductions in Brief Pain Inventory average pain severity score (P = 0.008), Brief Pain Inventory average interference from pain score (P = 0.004), number of tender points (P = 0.002), and FIQ stiffness score (P = 0.048), and had significantly greater improvement in mean tender point pain threshold (P = 0.002), CGI-Severity (P = 0.048),

PGI-Improvement (P = 0.033), and several quality-of-life measures. Duloxetine treatment improved fibromyalgia symptoms and pain severity regardless of baseline status of major depressive disorder. Compared with placebo-treated female subjects (n = 92), duloxetine-treated female subjects (n = 92)
demonstrated significantly greater improvement on most efficacy measures, while duloxetine-treated male subjects (n = 12) failed to improve significantly on any efficacy measure. The treatment effect on significant pain reduction in female subjects was independent of the effect on mood or anxiety. Duloxetine was safely administered and well tolerated. CONCLUSION: In this randomized, controlled, 12-week trial (with a 1-week placebo lead-in phase), duloxetine was an effective and safe treatment for many of the symptoms associated with fibromyalgia in subjects with or without major depressive disorder, particularly for women, who
had significant improvement across most outcome measures.
PMID: 15457467 [PubMed - in process]

10: Health Care Women Int. 2004 Sep;25(8):702-29.
Psychological functioning in women with fibromyalgia: a grounded theory study.
Wentz KA, Lindberg C, Hallberg LR.

The aim of this study was to elucidate psychological functioning and psychological processes in women with fibromyalgia. Twenty-one females with fibromyalgia (aged 26-72 years) were interviewed in-depth. The interviews were analysed in line with grounded theory. A core concept, "unprotected self," mirroring childhood conditions and adult psychological functioning, was identified. Intense activity or hypomanic helpfulness often was used as self-regulation in adult life. Later an increased exposure to mental load is accompanied by reduction of cognitive functioning and generalised pain. The phase of persistence of fibromyalgia is marked by reduction of cognitive functions, unprotected psychological functioning, and increased mental load as
from crisis and somatic symptoms.
PMID: 15371077 [PubMed - indexed for MEDLINE]

11: Int J Neurosci. 2004 Sep;114(9):1195-220.
EEG alpha sensitization in individualized homeopathic treatment of fibromyalgia.
Bell IR, Lewis DA 2nd, Lewis SE, Schwartz GE, Brooks AJ, Scott A, Baldwin CM.

Fibromyalgia (FM) patients show evidence of sensitizability in pain pathways and electroencephalographic (EEG) alterations. One proposed mechanism for the claimed effects of homeopathy, a form of complementary medicine used for FM, is time-dependent sensitization (TDS, progressive amplification) of host responses.
This study examined possible sensitization-related changes in EEG relative alpha magnitude during a clinical trial of homeopathy in FM. A 4-month randomized, placebo-controlled double-blind trial of daily orally administered individualized homeopathy in physician-confirmed FM, with an additional 2-month optional crossover phase, included three laboratory sessions, at baseline, 3 and 6 months (N = 48, age 49.2 +/- 9.8 years, 94% women). Nineteen leads of EEG relative alpha magnitude at rest and during olfactory administration of treatment and control solutions were evaluated in each session. After 3 months,
the active treatment group significantly increased, while the placebo group decreased, in global alpha-1 and alpha-2 during bottle sniffs over sessions. At 6 months, the subset of active patients who stayed on active continued to increase, while the active-switch subgroup reversed direction in alpha magnitude. Groups did not differ in resting alpha. Consistent with the TDS hypothesis, sniff alpha-1 and alpha-2 increases at 6 months versus baseline correlated with total amount of time

on active remedy over all subjects (r = 0.45, p = .003), not with dose changes or clinical outcomes in the active group. The findings suggest initiation of TDS in relative EEG alpha magnitude by daily oral administration of active homeopathic medicines versus placebo, with
laboratory elicitation by temporolimbic olfactory stimulation or sniffing.
PMID: 15370183 [PubMed - in process]

12: J Rheumatol. 2004 Oct;31(10):2036-40.
Interrelations between fibromyalgia, thyroid autoantibodies, and depression.
Ribeiro LS, Proietti FA.

OBJECTIVE: To detect and quantify the association between fibromyalgia (FM) and thyroid autoimmunity. METHODS: This cross-sectional study comprised 146 women with FM and 74 case-controls, all 18 years of age or older. FM was diagnosed according to the American College of Rheumatology 1990 classification criteria. The Mini-International Neuropsychiatric Interview (MINI) was applied for the diagnosis of depression, previously considered as an important confounding factor. Thyroid autoimmunity was defined as the occurrence of detectable antithyroid peroxidase antibodies and/or antithyroglobulin antibodies by the
immunometric assay. Cases of diffuse connective tissue diseases and thyroid dysfunctions (hypo or hyperthyroidism) were excluded in both groups. RESULTS: Univariate analysis detected an association between FM and thyroid autoimmunity (odds ratio, OR = 3.87, 95% confidence interval, CI = 1.54-10.13), depression (OR = 3.94, 95% CI = 1.97-7.93), and age (OR = 1.04, 95% CI = 1.01-1.07). In the final logistic regression model, after adjustment for depression and age, the association between FM and thyroid autoimmunity was strengthened (OR = 4.52, 95% CI = 1.86-11.0). CONCLUSION: Our results suggest an association between FM and thyroid autoimmunity.
PMID: 15468372 [PubMed - in process]

13: Ethn Dis. 2004 Winter;14(1):119-26.
Comment in: Ethn Dis. 2004 Winter;14(1):161-2.
Do low-income women attain their pre-pregnant weight by the 6th week of postpartum?
Walker LO, Timmerman GM, Sterling BS, Kim M, Dickson P.

OBJECTIVES: To assess the proportion of women attaining pre-pregnant weight, and to ascertain the predictors of amount of retained weight at 6 weeks postpartum, in a tri-ethnic sample of low-income women. DESIGN: Short-term longitudinal design from post-delivery to 6 weeks postpartum. PARTICIPANTS: 419
African-American, Hispanic, and White women receiving perinatal care funded by Medicaid. MAIN OUTCOME VARIABLES: Proportion of women attaining pre-pregnant weight at 6 weeks postpartum; the amount of weight retained at 6 weeks postpartum. RESULTS: Fifteen percent of women attained their pre-pregnant weight at 6 weeks postpartum. In multiple regression analysis, maternal weight gain during pregnancy was the predominant predictor (B=.88, SE=.02, P=.000). Hispanic ethnicity (B=.69, SE=.33, P=.039) and the interaction between maternal weight gain and gestational length (B=-.04, SE=.02, P=.032) made small, independent contributions to amount of retained weight at 6 weeks postpartum. The interaction of ethnicity and maternal age predicted 1.3% of the variance in retained weight, but this was not significant. Health practices were not
associated significantly with the amount of weight retained at 6 weeks postpartum. CONCLUSIONS: The majority of women did not return to their pre-pregnant weight by 6 weeks postpartum. The amount of retained weight after delivery is largely influenced by prenatal maternal weight gain.

PMID: 15002931 [PubMed - indexed for MEDLINE]

14: J Am Med Womens Assoc. 2004 Winter;59(1):43-7.

An investigation of sex differences in nonpsychiatric morbidity associated with posttraumatic stress disorder.

Kimerling R.

OBJECTIVE: The objectives of the current study are to delineate nonpsychiatric illness associated with posttraumatic stress disorder (PTSD) in order to inform services and interventions for traumatized patients in medical and public health settings. The current report examines sex differences in nonpsychiatric illnesses associated with PTSD in a nationally representative sample. Analyses account for the roles of poverty and major depression, 2 factors strongly linked to both health status and PTSD. METHOD: Data on 2835 men and 3042 women from the National Comorbidity Survey were analyzed to obtain adjusted odds ratios for the risk of medical conditions and the types of medical conditions associated with PTSD for men and women. RESULTS: Women and men with PTSD were more than twice as likely to experience at least 1 current nonpsychiatric medical condition as were women and men without PTSD, even when age, socioeconomic status, and major depression were adjusted for. Depression and income below the poverty level were associated with additional risk of nonpsychiatric conditions among women, but not among men. CONCLUSIONS: PTSD is associated with significant nonpsychiatric illness. The relationship between PTSD and current health conditions is similar for men and women, but depression and poverty, which frequently co-occur with PTSD, define a subset of disadvantaged women with significant health and mental health service needs. Interventions for this population must address the full range of both psychiatric and nonpsychiatric illness.

PMID: 14768986 [PubMed - indexed for MEDLINE]

15: J Am Med Womens Assoc. 2004 Winter;59(1):32-5.

Intimate partner violence and job instability.

Zink T, Sill M.

OBJECTIVE: Research has shown that intimate partner violence (IPV) affects the physical and mental health of victims. It can also compromise work performance, leading to job loss. We explored the potential link between job loss and IPV as part of a larger study on IPV and health care. METHODS: Thirty-two mothers in Midwestern IPV shelters or support groups were interviewed to gather information about their abuse histories, health care experiences, and demographic characteristics. Interviews were audio taped, transcribed, and reviewed for themes. RESULTS: Half of participants had lost jobs because of IPV. Reasons included: the abuser told the victim to quit, in order to be safe, excessive absences because of covering up the abuse, and health issues exacerbated by IPV. CONCLUSION: Job instability was common among IPV victims in this study. Although this study did not address cause and effect, evidence of job instability may be another "red flag symptom" indicating that providers should screen for IPV.

PMID: 14768984 [PubMed - indexed for MEDLINE]

16: J Am Med Womens Assoc. 2004 Winter;59(1):17-24.

Herbal supplement use among US women, 2000.

Yu SM, Ghandour RM, Huang ZJ.

OBJECTIVE: To examine the prevalence of herbal supplement use and its association with sociodemographic, health status, and health behavior characteristics in a nationally representative sample of US women. METHODS: We analyzed the cancer supplement file of the 2000 National Health Interview Survey, which included 11,888 non-Hispanic white, 2866 non-Hispanic black, 3035 Hispanic, and 599 non-Hispanic

other women. Bivariate and multivariate analyses were conducted to examine the relationship between sociodemographic, health status, and health behavior characteristics and the use of: 1) any herbal supplement; 2) Echinacea, Ginkgo biloba, ginseng, or St. John's wort; and 3) at least 3 herbal supplements concurrently. RESULTS: Nearly one-sixth of US women took at least 1 herbal supplement in 2000. Logistic regression showed that women who were non-Hispanic white, aged 35 to 64 years, more educated, not poor, current alcohol users, residents of the South and West, and who had functional limitations and chronic conditions were significantly more likely to take the most commonly reported herbal supplements. CONCLUSION: Our study suggests high levels of herbal supplement use among US women. Supplement use is generally associated with higher education, higher income, residence in the South and West, and health needs. The growing practice of herbal supplement use suggests a need for public health guidance on the safe and efficacious use of these products.
PMID: 14768981 [PubMed - indexed for MEDLINE]

17: Psychiatr Rehabil J. 2004 Winter;27(3):258-65.
A voice for traumatized women: inclusion and mutual support.
Fearday FL, Cape AL.

This paper reports experiences related to including women in recovery and peer support, in a project that developed integrated services for women with co-occurring mental health and substance use disabilities who have also survived violence. We describe strategies to include women in recovery and a unique peer-run group, which integrates trauma, mental health, and substance abuse recovery. Both research and perspectives of women in recovery are used to discuss the emerging themes of mutuality, bonding, and a focus on strengths.
PMID: 14982333 [PubMed - indexed for MEDLINE]

18: Ethn Dis. 2004 Winter;14(1):134-40.
Socioeconomic status, immigration/acculturation, and ethnic variations in breast conserving surgery, San Francisco Bay area.
Gomez SL, France AM, Lee MM.

OBJECTIVE: Previous studies have demonstrated substantial variations in breast conserving surgery (BCS) across sociodemographic groups. This study explored the joint influences of socioeconomic, immigration/acculturation, and clinical factors on ethnic differences in breast cancer surgery for early-stage disease. DESIGN: The study used interview data for 297 women, under the age of 70, who resided in the San Francisco Bay area, and had been diagnosed with primary early-stage breast cancer (carcinoma in-situ or invasive) between January 1990 and December 1992. RESULTS: The proportion of patients who either had undergone BCS or had no surgery was 45%, 20%, 45%, and 34%, among Whites, Chinese, Blacks, and Hispanics, respectively. The proportion of patients diagnosed at in-situ or localized stages, with tumors of less than 4 centimeters, was higher among those who received BCS or no surgery, compared to those who had undergone a mastectomy. White women who received BCS/no surgery tended to be younger than their counterparts who underwent mastectomies, but Chinese and Black women who received BCS/no surgery were older. The proportion of women diagnosed in smaller, private hospitals was higher among those receiving BCS/no surgery, although these associations varied by ethnicity. Women who had undergone BCS/no surgery were characterized as being of higher socioeconomic status, more acculturated, and less likely to be recent immigrants. In a multivariate regression model adjusting for clinical, socioeconomic, and immigration/acculturation factors, Chinese women were more likely than Whites to have a mastectomy, rather than BCS/no surgery (odds ratio, 2.8; 95% confidence interval, 1.0-7.8). CONCLUSIONS:

Use of BCS or no surgery was associated with various clinical, socioeconomic, and immigration/acculturation characteristics,
although some of the associations varied by ethnicity. However, these factors did not account for the reduced presence of BCS, or no surgery, among Chinese women.
PMID: 15002933 [PubMed - indexed for MEDLINE]

19: Neurology. 2004 Sep 28;63(6):1139; author reply 1139.
Association of APOE polymorphisms with disease severity in MS is limited to women.
Zwemmer J, Uitdehaag B, van Kamp G, Barkhof F, Polman C.
Publication Types: Comment/Letter
PMID: 15452327 [PubMed - in process]

20: Maturitas. 2004 Oct 15;49(2):97-106.
Time to menopause in relation to PBBs, PCBs, and smoking.
Blanck HM, Marcus M, Tolbert PE, Schuch C, Rubin C, Henderson AK, Zhang RH, Hertzberg VS.

Objectives: Because halogenated biphenyl exposure is suspected to disrupt endocrine function, we assessed time to menopause in women aged 24 years and older who were exposed orally to polybrominated biphenyls (PBBs) and polychlorinated biphenyls (PCBs) ([Formula: see text]). We also examined smoking in relation to menopause. Methods: To define menopausal status, women were interviewed in 1997 and asked whether they had had any menstrual periods in the previous year, why their menstrual periods had stopped (e.g. surgery), and age at their last menstrual period. Serum PBB and PCB taken at enrollment (1976-1978) into the Michigan PBB registry was used as the measure of halogenated biphenyl exposure. Women whose menopause occurred before their PBB exposure were excluded. Proportional hazard modeling was used to analyze the
"risk" for menopause in relation to exposure. Premenopausal women contributed person-time until their interview date, at which time they were censored. Results: We did not find an association between either PBB or PCB exposure and time to menopause. Women who were current smokers had a shorter time to menopause than never smokers (menopause ratio 2.02, 95% C.I. 1.21-3.37). Time to menopause was shortest among women who reported started smoking when they were <18 years of age, smoked at least 20 cigarettes per day, or had at least 10 pack-years of smoking.
PMID: 15474753 [PubMed - in process]

21: Ann Noninvasive Electrocardiol. 2004 Oct;9(4):366-74.
Estrogen and Progestin Use and the QT Interval in Postmenopausal Women.
Kadish AH, Greenland P, Limacher MC, Frishman WH, Daugherty SA, Schwartz JB.

Objective: To determine whether menopausal hormone therapy alters the QT interval in primarily healthy postmenopausal women. Background: Despite well-known gender differences in myocardial repolarization that include a longer heart-rate-corrected QT interval (QT(C)) in women compared to men, the effects of menopausal hormone therapy on myocardial repolarization in women have not been well characterized. Methods: We studied 34,378 postmenopausal women participating in the dietary intervention component of the Women's Health Initiative. Cross-sectional associations were examined to assess possible effects of estrogen + progesterone on myocardial repolarization. Women who reported that they were never treated with menopausal hormone therapy (n = 12,451) were compared to women with a past use of menopausal hormone therapy (n = 3891), currently taking unopposed estrogen therapy (n = 9987), or combined current estrogen and progesterone therapy (n = 8049). Results: Using analysis of covariance, the mean (+/-SEM) QT(C)

interval was 423.1 +/- 0.2 milliseconds (ms) in those never treated with menopausal hormone therapy, 423.9 +/- 0.3 ms in past menopausal hormone therapy users, 425.6 +/- 0.2 ms in those currently on estrogen alone, and 424.0 +/- 0.2 ms in women currently on combined estrogen-progesterone therapy. Differences in mean QT(C) between those on estrogen alone and the other three groups were statistically significant. Comparisons of JT intervals, QT intervals, and linear corrected QT intervals among the groups yielded similar results. Conclusion: These results suggest that unopposed estrogen in menopausal women mildly prolongs myocardial repolarization, and the effect is reversed by progesterone. Whether these findings have clinical significance requires further study. A.N.E. 2004;9(4):366-374.
PMID: 15485516 [PubMed - in process]

22: Cancer Causes Control. 2004 Oct;15(8):797-803.
Cigarette smoking among lesbians, gays, and bisexuals: how serious a problem? (United States).
Tang H, Greenwood GL, Cowling DW, Lloyd JC, Roeseler AG, Bal DG.

Introduction : Population-based health surveys seldom assess sexual orientation, which results in the absence of a reliable measure of smoking among lesbians, gays, and bisexuals (LGB), a population perceived to have higher risks of tobacco-related diseases. This is the first study to compare the cigarette smoking rate of LGB with that of heterosexual individuals using a population-based sample with both male and female adults, and to identify which sub segments of LGB population are particularly burdened by tobacco use. Methods : California Health Interview Survey (CHIS), a population-based telephone survey was used to assess smoking prevalence and its correlates among respondents. Of 44,606 respondents, 343 self-identified as lesbian; 593 self-identified as gay; and 793 identified themselves as bisexual (511 female and 282 male). Statistical analysis was performed using SAS and SUDAAN. Results : Lesbians' smoking rate (25.3%), was about 70% higher than that of hetrosexual women (14.9%) Gay men had a smoking prevelance of 33.2%, comparing to heterosexual men (21.3%). After controlling for demographic variables, logistic regression analysis showed that lesbians and bisexual women were significantly more likely to smoke compared with heterosexual women (OR = 1.95 and OR = 2.08, respectively). Gay men were also significantly more likely to smoke than heterosexual men (OR = 2.13; 95% CI = 1.66-2.73). Being 35-44-years-old, non-Hispanic White, and having low-education attainment and low-household income were common demographic predictors of cigarette smoking among LGB. Conclusion: Our study provides the strongest evidence to date that lesbians, bisexual females, and gay men had significantly higher cigarette smoking prevalence rates than their heterosexual counterparts.
PMID: 15456993 [PubMed - in process]

23: Clin Pharmacol Ther. 2004 Oct;76(4):359-64.
QT interval prolongation after oxytocin bolus during surgical induced abortion.
Charbit B, Funck-Brentano C, Samain E, Jannier-Guillou V, Albaladejo P, Marty J.

Background Although oxytocin, a uterotonic agent, may cause short-term vasodilation that results in severe hypotension, it is still routinely given as an intravenous bolus injection during surgical suction curettage. Two reported cases of ventricular tachycardia after oxytocin bolus in patients with long QT interval syndrome led us to assess the effect of oxytocin on QT interval. Method Thirty-eight healthy women scheduled for a surgical suction curettage with general anesthesia were enrolled. General anesthesia was induced by propofol and

maintained by either propofol (n = 18) or sevoflurane (n = 20). Electrocardiographic recordings were obtained before and at 1, 2, 3, and 5 minutes after a 10-U intravenous bolus of oxytocin. Results Intravenous oxytocin induced a pronounced QTc interval prolongation of 41 +/- 21 ms (P < .0001), which was maximal 1 minute after administration. The QTc interval returned to control values 3 minutes after oxytocin bolus. Oxytocin bolus also induced an increase in heart rate of 19 +/- 10 beats/min and a significant decrease in systolic arterial pressure of 11 +/- 9 mm Hg (both P < .0001). The drug used to maintain anesthesia was not an independent factor of QT interval prolongation in ANOVA analysis. Conclusions Oxytocin intravenous bolus induced a large and transient QTc interval prolongation, suggesting that it may lead to proarrhythmia in circumstances favoring QTc interval increase.
PMID: 15470335 [PubMed - in process]

24: Mult Scler. 2004 Oct;10(5):582-8.
Multiple sclerosis gender issues: clinical practices of women neurologists.
Coyle PK, Christie S, Fodor P, Fuchs K, Giesser B, Gutierrez A, Lynn J, Weinstock-Guttman B, Pardo L; Women Neurologists MS Initiative.

Substantially more women than men develop multiple sclerosis (MS), but information about the effects of MS and gender-specific issues such as pregnancy, breastfeeding, menstruation and hormone use is lacking. A survey study of neurologists' practice patterns was undertaken to elicit information about gender-specific topics and the use of disease-modifying MS therapies (DMT) including the interferons and glatiramer acetate (GA). A total of 147 surveys were returned. Half of respondents require patients to discontinue DMT during pregnancy, while 35% encourage discontinuation. Among those who allow patients to continue therapy, half consider GA to be safer during pregnancy than the interferons. Nearly 86% of respondents do not use DMT in patients who are breastfeeding. Among the 11% who actually prescribe during breastfeeding, most recommend GA. Neurologists generally leave the decision to breastfeed up to patients, and most refer patients to obstetrician/gynaecologists for counselling about contraception or hormone replacement therapy. The survey results described here provide insight into how neurologists manage reproductive health issues among women with MS.
PMID: 15471377 [PubMed - in process]

25: Obstet Gynecol Surv. 2004 Oct;59(10):706-707.
Effect of Hysterectomy versus Medical Treatment on Health-Related Quality of Life and Sexual Functioning.
The Medicine or Surgery (Ms) Research Group .

In this study, 63 women with a history of at least 4 years of abnormal bleeding who had failed treatment with cyclic medroxyprogesterone were randomized to treatment with expanded medical treatment or hysterectomy. The recommended medical regimen was 21 days of low-dose oral contraceptive followed by 5 days of prostaglandin synthetase inhibitor starting on day 1 of the menstrual cycle. Some patients received continuous oral contraceptives, alternative progestogens, oral or intramuscular, or cyclic estrogenâ€“progestin, accordingly. The type and route of hysterectomy were selected by the surgeon.At enrollment, each patient underwent evaluation for sociodemographic, clinical, and health-related quality-of-life variables. Four weeks after surgery or the start of expanded medical therapy, reassessment was made by telephone interview. In addition, patients were seen in the clinic every 6 months for 2 years, and further telephone interviews were conducted at 3, 9, 15, and 21 months after enrollment. Measures for quality-of-life variables were made using modifications of the Medical Outcomes Study (MOS), including MOS SF-36, the Mental Component Summary

(MCS), and the Physical Component Summary (PCS).At enrollment, most participants reported symptoms of pelvic pain and pressure and had fibroids on pelvic examination. Their mean MCS and PCS scores were 45 and 42, respectively (compared to U.S. norms of 49 and 51); the mean body mass index was 32. Of 31 women randomized to hysterectomy, 10 had an abdominal and 18 had a vaginal procedure. Most of the 32 participants randomized to expanded medical treatment received hormonal treatment with or without prostaglandin inhibitor (29 of 32, 91%). Three others were treated with prostaglandin inhibitor only.After 4 weeks of follow up, the PCS scores of women who had undergone hysterectomy were lower than at baseline, whereas women receiving medical treatment showed some improvement. However, the MCS score of women in the hysterectomy group improved relative to baseline and were higher than those for women in the medical group (P = 0.004 and P = 0.03 for differences, respectively).After 6 months of follow up, the PCS scores of those who had hysterectomy had improved and were significantly higher than those in the medicine group (8 vs. 2; P = 0.04). Compared with those receiving expanded medical treatment, the hysterectomy group also reported greater sexual desire (P = 0.01), less interference with sex (P = 0.003), less health distress (P = 0.009), fewer sleep problems (P = 0.03), greater overall health (P = 0.006), and greater satisfaction with health (P = 0.01).Fourteen women (43%) in the medicine group requested hysterectomy in the first year of follow up, and, within 2 years, an additional 3 crossed over from medical treatment to hysterectomy. After surgery, these women reported improvements similar to those who had initial hysterectomy. Women who continued with expanded medical treatment did not improve significantly in their MCS score.After 2 years of follow up, women who had hysterectomy continued to report improvement in all outcome measures. The secondary symptoms of women receiving medical treatment also improved. At 2 years, the only difference in symptoms was that women in the hysterectomy group continued to report a significantly greater increase in sexual desire than women in the medical group.
PMID: 15385851 [PubMed - as supplied by publisher]

26: Psychosom Med. 2004 Sep-Oct;66(5):744-8.
Opposite changes in the serum brain-derived neurotrophic factor in anorexia nervosa and obesity.
Monteleone P, Tortorella A, Martiadis V, Serritella C, Fuschino A, Maj M.

OBJECTIVE: A role for the brain-derived neurotrophic factor (BDNF) in the regulation of eating behavior has been recently demonstrated. Therefore, the possibility exists that alterations in BDNF production and/or activity are involved in the pathophysiology of anorexia nervosa (AN) and obesity. METHODS: We measured morning serum levels of BDNF in 22 women with AN, 24 women with obesity (body mass index [BMI] > 30 kg/m2), and 27 nonobese healthy women. All the subjects were drug-free and underwent a clinical assessment by means of rating scales measuring both eating-related psychopathology and depressive symptoms. RESULTS: As compared with the nonobese healthy controls, circulating BDNF was significantly reduced in AN patients and significantly increased in obese subjects. No significant difference was observed in serum BDNF concentrations between AN women with or without a comorbid depressive disorder. Moreover, serum BDNF levels were significantly and positively correlated with the subjects' body weight and BMI.CONCLUSION: The BDNF changes observed in AN and obesity are likely secondary adaptive mechanisms aimed at counteracting the change in energy balance that occurs in these syndromes.
PMID: 15385700 [PubMed - in process]

27: JAMA. 2004 Sep 8;292(10):1188-94.
Comment in: JAMA. 2004 Sep 8;292(10):1232-4.

Relationship of physical activity vs body mass index with type 2 diabetes in women.
Weinstein AR, Sesso HD, Lee IM, Cook NR, Manson JE, Buring JE, Gaziano JM.

CONTEXT: Physical inactivity and body mass index (BMI) are established independent risk factors in the development of type 2 diabetes; however, their comparative importance and joint relationship with diabetes are unclear. OBJECTIVE: To examine the relative contributions and joint association of physical activity and BMI with diabetes. DESIGN, SETTING, AND PARTICIPANTS: Prospective cohort study of 37 878 women free of cardiovascular disease, cancer, and diabetes with 6.9 years of mean follow-up. Weight, height, and recreational activities were reported at study entry. Normal weight was defined as a BMI of less than 25; overweight, 25 to less than 30; and obese, 30 or higher. Active was defined as expending more than 1000 kcal on recreational activities per week. MAIN OUTCOME MEASURE: Incident type 2 diabetes, defined as a new
self-reported diagnosis of diabetes. RESULTS: During the follow-up, 1361 cases of incident diabetes occurred. Individually, BMI and physical activity were significant predictors of incident diabetes. Compared with normal-weight individuals, the multivariate-adjusted hazard ratio (HR) was 3.22 (95% confidence interval [CI], 2.69-3.87) for overweight individuals and 9.09 (95% CI, 7.62-10.8) for obese individuals. For overall activity (kilocalories expended per week), compared with the least active first quartile, the multivariate-adjusted HRs were 0.91 (95% CI, 0.79-1.06) for the second quartile, 0.86 (95% CI, 0.74-1.01) for the third, and 0.82 (95% CI, 0.70-0.97) for the fourth (P for trend =.01). In the combined analyses, overweight and obese participants, whether active or inactive, had significantly elevated risks, compared with normal-weight active individuals. The multivariate-adjusted HRs were 1.15 (95% CI, 0.83-1.59) for normal-weight inactive, 3.68 (95% CI, 2.63-5.15) for overweight active, 4.16 (95% CI, 3.05-5.66) for overweight inactive, 11.5 (95% CI, 8.34-15.9) for obese active, and 11.8 (95% CI, 8.75-16.0) for obese inactive participants. CONCLUSIONS: Although BMI and
physical inactivity are independent predictors of incident diabetes, the magnitude of the association with BMI was greater than with physical activity in combined analyses. These findings underscore the critical importance of adiposity as a determinant of diabetes.
PMID: 15353531 [PubMed - indexed for MEDLINE]

28: JAMA. 2004 Sep 8;292(10):1179-87.
Comment in: JAMA. 2004 Sep 8;292(10):1232-4.
Relationship of physical fitness vs body mass index with coronary artery disease and cardiovascular events in women.
Wessel TR, Arant CB, Olson MB, Johnson BD, Reis SE, Sharaf BL, Shaw LJ, Handberg E, Sopko G, Kelsey SF, Pepine CJ, Merz NB.

CONTEXT: Individual contributions of obesity and physical fitness (physical activity and functional capacity) to risk of coronary heart disease in women remain unclear. OBJECTIVE: To investigate the relationships of measures of obesity (body mass index [BMI], waist circumference, waist-hip ratio, and waist-height ratio) and physical fitness (self-reported Duke Activity Status Index [DASI] and Postmenopausal Estrogen-Progestin Intervention questionnaire [PEPI-Q] scores) with coronary artery disease (CAD) risk factors, angiographic
CAD, and adverse cardiovascular (CV) events in women evaluated for suspected myocardial ischemia. DESIGN, SETTING, AND PARTICIPANTS: The National Heart, Lung, and Blood Institute-sponsored Women's Ischemia Syndrome Evaluation (WISE) is a multicenter prospective cohort study. From 1996-2000, 936 women were enrolled at 4 US academic medical centers at the time of clinically indicated coronary angiography and then assessed (mean follow-up, 3.9 [SD, 1.8] years) for adverse

outcomes. MAIN OUTCOME MEASURES: Prevalence of obstructive CAD (any angiographic stenosis >or=50%) and incidence of adverse CV events (all-cause death or hospitalization for nonfatal myocardial infarction, stroke, congestive heart failure, unstable angina, or other vascular events) during follow-up. RESULTS: Of 906 women (mean age, 58 [SD, 12] years) with complete data, 19% were of nonwhite race, 76% were overweight (BMI >or=25), 70% had low functional capacity (DASI scores <25, equivalent to <or=7 metabolic equivalents [METs]), and 39% had obstructive CAD. During follow-up, 337 (38%) women had a first adverse event, 118 (13%) had a major adverse event, and 68 (8%) died. Overweight women were more likely than normal weight women to have CAD risk factors, but neither BMI nor abdominal obesity measures were significantly associated with obstructive CAD or adverse CV events after adjusting for other risk factors (P =.05 to.88). Conversely, women with lower DASI scores were significantly more likely to have CAD risk factors and obstructive CAD (44% vs 26%, P<.001) at baseline, and each 1-MET increase in DASI score was independently associated with an 8% (hazard ratio, 0.92; 95% confidence interval, 0.85-0.99; P =.02) decrease in risk of major adverse CV events during follow-up. CONCLUSIONS: Among women undergoing coronary angiography for suspected ischemia, higher self-reported physical fitness scores were independently associated with fewer CAD risk factors, less angiographic CAD, and lower risk for adverse CV events. Measures of obesity were not independently associated with these outcomes.
Publication Types: Multicenter Study
PMID: 15353530 [PubMed - indexed for MEDLINE]

29: Circulation. 2004 Oct 12;110(15):2246-52. Epub 2004 Sep 27.
Novel associations between bioavailable estradiol and adipokines in elderly women with different phenotypes of obesity: implications for atherogenesis.
Tanko LB, Bruun JM, Alexandersen P, Bagger YZ, Richelsen B, Christiansen C, Larsen PJ.

BACKGROUND: Peripheral adiposity confers protection against diabetes and atherosclerosis in elderly women. The underlying mechanisms, however, remain to be elucidated. METHODS AND RESULTS: On the basis on dual-energy X-ray absorptiometry measurements of central fat mass (CFM) and peripheral fat mass (PFM), we identified 290 elderly women with distinct forms of body fat distribution (lean, peripheral obesity, central obesity, or general obesity). Study parameters were plasma tumor necrosis factor-alpha, interleukin (IL)-6, adiponectin, estradiol, sex hormone-binding globulin, insulin resistance, and aortic calcification, graded on lateral radiography. In peripherally and generally obese women, plasma estradiol and insulin resistance were significantly lower, whereas sex hormone-binding globulin and adiponectin were significantly higher compared with centrally obese women independent of age, body mass index, total fat mass, and smoking habits (all P<0.05). After adjustment for these confounders, IL-6 in centrally obese women was comparable
with that seen in generally obese (similar high CFM%) but significantly higher than in peripherally obese women and lean women (low CFM%). Atherosclerosis was less severe in generally obese (2.5+/-0.3) compared with centrally obese women (5.0+/-0.7, P=0.001). In multiple regression analysis, total fat mass, body fat distribution, insulin resistance, estradiol, current smoking, treated hyperlipidemia, and treated hypertension contributed independently to the variation of aortic calcification (R=0.55, SEE=3.60, P<0.001). CONCLUSIONS: Abundant presence of PFM in generally obese women is associated with increased
plasma adiponectin and higher insulin sensitivity, which could explain the apparent protection against the atherogenic effects of IL-6 derived from CFM. Low peripheral exposure to estradiol appears to be a sine qua non of maintained adiponectin secretion from PFM.

PMID: 15451790 [PubMed - in process]

30: Am J Clin Nutr. 2004 Oct;80(4):823-31.
Sensory-specific satiety in obese and normal-weight women.
Snoek HM, Huntjens L, Van Gemert LJ, De Graaf C, Weenen H.

BACKGROUND: Sensory-specific satiety has been found to play an important role in food choice and meal termination, and it might be a factor contributing to obesity. OBJECTIVE: We hypothesized that obese and normal-weight people have different sensitivities to sensory-specific satiety for high-fat foods. DESIGN: Sensory-specific satiety was measured in 21 obese [x body mass index (BMI; in kg/m(2)): 33.1] and 23 normal-weight (BMI: 22.8) women who were matched for restrained eating behavior, physical activity, age, and smoking behavior. Food intake, appetite ratings, and liking scores before and after an ad libitum lunch were measured. Products differed in fat content and taste (ie, low-fat sweet, low-fat savory, high-fat sweet, and high-fat savory), and the subjects tested all 4 products. In the first study, sandwiches were tested; in the second study, snacks were tested. RESULTS: Sensory-specific satiety for all products was observed in both subject groups. No significant differences were observed between the obese and normal-weight subjects in either sensory-specific satiety or food intake for any of the products or product categories tested. Taste (sweet or savory) had a significantly ($P < 0.05$) stronger effect on sensory-specific satiety than did fat content. Appetite ratings strongly decreased after lunch, and appetite for a meal or snack after lunch was significantly higher in obese than in normal-weight subjects, whereas scores before lunch did not differ significantly. CONCLUSIONS: Obese and normal-weight people do not differ in their sensitivity to sensory-specific satiety, and factors other than fat content have the greatest effect on sensory-specific satiety.
PMID: 15447886 [PubMed - in process]

31: Best Pract Res Clin Obstet Gynaecol. 2004 Oct;18(5):803-12.
Long-term metabolic, cardiovascular and neoplastic risks with polycystic ovary syndrome.
Cattrall FR, Healy DL.

Metabolic abnormalities and obesity have long been associated with the development of cardiovascular disease in the general population. These same features are also associated with polycystic ovary syndrome (PCOS). An increased prevalence of hypertension, dyslipidaemia, obesity and hyperinsulinaemia, as well as changes in coagulation and blood vessel function, provide an explanation as to why women with PCOS are at an increased risk of developing cardiovascular disease over the long term.
PMID: 15380148 [PubMed - in process]

32: Best Pract Res Clin Obstet Gynaecol. 2004 Oct;18(5):719-736.
Understanding and managing disturbances in insulin metabolism and body weight in women with polycystic ovary syndrome.
Moran L, Norman RJ.

Polycystic ovary syndrome (PCOS) is a common clinical and metabolic condition in women of reproductive age. It is associated with short-term reproductive and long-term metabolic dysfunction. Treatment has traditionally focused on fertility and hormonal therapy. However, general obesity, central obesity and insulin resistance are strongly implicated in its aetiology and improving these factors has proved highly successful in some clinical situations, reducing the need for costly assisted reproduction. A low-fat, high-carbohydrate diet is thought to improve insulin sensitivity, aid in weight loss and reduction of metabolic and reproductive symptoms

and improve the long-term maintenance of a reduced weight. However, there has been recent community interest in adopting a protocol advocating a moderate increase in dietary protein for improving weight loss and PCOS symptoms. Altering the glycaemic index of the diet has also
received considerable attention as a regime for promoting satiety and reducing metabolic risk factors for type 2 diabetes mellitus and cardiovascular disease. Exercise and other lifestyle changes are essential for altering the short- and long-term effects of PCOS. It is vital that the efficacy of these strategies is assessed so that accurate medical and dietetic advice can be given both to patients and to the health-care community.
PMID: 15380143 [PubMed - as supplied by publisher]

33: Curr Diab Rep. 2004 Oct;4(5):387-93.
Effectiveness of weight loss and maintenance interventions in women.
Franz MJ.

Overweight and obesity in women contribute to increased risk of many health problems, including type 2 diabetes. A systematic review of the weight loss literature found 17 articles in which women were the sole subjects and studies were a minimum of 1 year or longer in duration. Data were pooled and average weight loss and maintenance for women at 6 and 12 months was determined for each of the six interventions. Diet as the primary intervention resulted in a weight loss of approximately 7 kg at 6 months (approximately 13% of their initial weight), which was maintained to 12 months. When specific goals for physical activity or weight loss medications were combined with diet, better outcomes were experienced. Regardless of the intervention, at approximately 6 months a weight loss plateau occurred. All of the studies included at least monthly
follow-up.
PMID: 15461905 [PubMed - in process]

34: Eur J Clin Nutr. 2004 Oct;58(10):1429-31.
Effect of breast milk of diabetic mothers on bodyweight of the offspring in the first year of life.
Kerssen A, Evers IM, de Valk HW, Visser GH.

OBJECTIVE: There is increasing evidence that in healthy populations, breast-fed infants are leaner than formula-fed infants. It is of interest to know the effects of breast-feeding on infant weight in case of maternal diabetes, given the high incidence of fetal macrosomia and risk of childhood obesity in this population. DESIGN AND SUBJECTS: As part of a nation-wide study in the Netherlands on diabetes and pregnancy, 229 women with Type 1 diabetes were sent a questionnaire on weight and height of their infant, the type of nutrition
given during the first 6 weeks of life, the duration of lactation and intercurrent diseases during the first year of life. RESULTS AND CONCLUSION: Our data show no significant difference between breast-,formula-, and mixed-fed infants in weight and body mass index (BMI) at 1 y of age, which is not in accordance with the findings in nondiabetic populations.
PMID: 15054417 [PubMed - in process]

35: J Am Coll Nutr. 2004 Oct;23(5):510S-3S.
Magnesium, insulin resistance and body composition in healthy postmenopausal women.
Laires MJ, Moreira H, Monteiro CP, Sardinha L, Limao F, Veiga L, Goncalves A, Ferreira A, Bicho M.

Laboratorio de Bioquimica, Faculdade de Motricidade Humana, Estrada de Costa

1495-688 Cruz Quebrada, PORTUGAL. mjlaires@fmh.utl.pt.

OBJECTIVE: This study was conducted to determine the association between magnesium (Mg), body composition and insulin resistance in 136 sedentary postmenopausal women, 50 to 77 years of age. METHODS: Diabetics, hypertensives and women on hormonal replacement therapy were excluded and the remaining 74 were divided according to BMI>/=25 (obese: OG) and BMI<25 kg/m(2) (non-obese: NOG). Nutritional data disclosed that intakes were high for protein and saturated fat, low for carbohydrates, polyunsaturated fat and Mg and normal for the other nutrients, according to recommended dietary allowances (RDA). Mg values in red blood cells (RBC-Mg) and plasma (P-Mg), were determined, as were fasting glucose, and insulin levels, Homeostasis Model Assessment (HOMA), body mass index (BMI), body fat percent (BF %), abdominal fat (AF) and free fat mass (FFM). RESULTS: RBC-Mg values were low in both groups when compared with normal values. There were significant differences in body composition parameters, HOMA and insulin levels, with higher basal insulin levels in OG. RBC-Mg was directly correlated with insulin, HOMA and FFM in both groups, according to Pearson correlations. HOMA in OG was also directly correlated with BMI, FFM and AF. In NOG, HOMA was only correlated with FFM. The low RBC-Mg levels observed were probably due to low Mg intake and to deregulation of factors that control Mg homeostasis during menopause. CONCLUSIONS: Both Mg deficit and obesity may independently lead to a higher risk for insulin resistance and cardiovascular disease. PMID: 15466953 [PubMed - in process]

36: Nutrition. 2004 Oct;20(10):905-10.
Insulin secretion in women who have polycystic ovary syndrome and carry the Gly972Arg variant of insulin receptor substrate-1 in response to a high-glycemic or low-glycemic carbohydrate load.
Sir-Petermann T, Angel B, Maliqueo M, Santos JL, Riesco MV, Toloza H, Perez-Bravo F.

OBJECTIVE: We evaluated metabolic parameters in Chilean women with polycystic ovary syndrome (PCOS) who were carriers and non-carriers of the glycine-to-arginine substitution at codon 972 (Gly972Arg) variant of insulin receptor substrate-1 and to assess insulin response after oral high- and low-glycemic loads METHODS: In 146 women with PCOS and 97 healthy women (HW), Gly972Arg genotypes were obtained by polymerase chain reaction, and an oral glucose tolerance test was performed with glucose and insulin measurements. An insulinogenic index, a homeostasis model assessment for insulin resistance, and whole-body insulin sensitivity index (composite) were calculated. Eight carriers and eight non-carriers (four PCOS and four HW, respectively) underwent a 50-g glucose (high glycemic) or 50-g fructose (low glycemic) load with serum glucose and insulin measurements at 15-min intervals for 3 h. RESULTS: The frequency of the Gly972Arg variant was higher in PCOS patients than in HW ($P < 0.05$). The insulinogenic index was lower in HW carriers than in non-carriers ($P < 0.05$). In PCOS carriers, 2-h insulin was higher than in those without the mutation. In overweight PCOS carriers, the homeostasis model assessment for insulin resistance was higher and the insulin sensitivity index was lower than in PCOS patients without the mutation. In HW carriers, a delay in the maximal response of insulin secretion was observed, with a decrease of 26.7% in insulin concentrations 30 to 60 min after the 50-g glucose load. Glucose concentrations increased by 19.7% between 60 and 120 min. Glucose concentrations between 0 and 120 min were 14.9% higher in PCOS carriers than in non-carriers after the 50-g glucose load. CONCLUSIONS: In HW, this polymorphism appears to be associated with a decrease in insulin secretion; in PCOS women, this polymorphism interacts with obesity to influence insulin resistance, thus contributing to the

pathogenesis of the metabolic component of PCOS.
PMID: 15474880 [PubMed - in process]

37: Obstet Gynecol Surv. 2004 Oct;59(10):696-697.
Increasing Incidence of Diabetes After Gestational Diabetes.
Lauenborg J, Hansen T, Jensen DM, Vestergaard H, Molsted-Pedersen L, Hornnes P, Locht H, Pedesen O, Damm P.

Women with gestational diabetes mellitus (GDM) are known to be at increased risk of having overt diabetes, especially type 2 diabetes, later in life. Most long-term studies, however, involved non-European populations and did not distinguish between dietary and insulin treatment. The investigators determined the long-term risk of diabetes in Danish women having diet-treated GDM. An â€œoldâ€ cohort of 241 women presented in 1978â€“1985 and followed up for 2 to 11 years. A â€œnewâ€ cohort of 512 women presented at the same center in 1987â€“1996 and were reassessed in 2000â€“2002. The oral glucose tolerance test, done using 50 or 75 g of glucose, was read as abnormal if at least 2 of 7 blood glucose values exceeded 3 standard deviations above the mean for nonpregnant women. A total of 481 women, nearly two thirds of the total, were followed up a median of 9.8 years after the index pregnancy.Diabetes was present at follow up in 40% of women and impaired glucose tolerance or impaired fasting glucose in 27%. Type 2 diabetes was diagnosed in 171 of 192 patients affected. All 12 women with overt diabetes in the postpartum period had diabetes at follow up. The incidence of diabetes was more than 2-fold higher in the new cohort than in the old one in 1990, but rates were similar at follow up in 2002. On multiple logistic regression analysis, diabetes was independently associated with being in the new cohort, overweight or obesity before pregnancy, an early diagnosis of GDM, a high fasting glucose at the time of oral glucose tolerance testing, and impaired glucose tolerance in the postpartum period. This study demonstrated a doubling in the incidence of diabetes and impaired glucose tolerance or impaired fasting glucose over a 10-year period in women having diet-treated GDM. Prepregnancy obesity further increased the risk, suggesting that timely intervention might prevent or delay the development of overt diabetes.
PMID: 15385846 [PubMed - as supplied by publisher]

38: Respir Med. 2004 Oct;98(10):984-9.
Gender differences in obstructive sleep apnea syndrome: a clinical study of 1166 patients.
Quintana-Gallego E, Carmona-Bernal C, Capote F, Sanchez-Armengol A, Botebol-Benhamou G, Polo-Padillo J, Castillo-Gomez J.

The objective of this study was to compare the frequency of some sociocultural, clinical, and anthropometric data between men and women in a sample of 1745 patients referred to a Sleep Unit for symptoms of obstructive sleep apnea (OSA). A standardized questionnaire was administered and anthropometric data were measured. Patients underwent a polysomnography (during a night or a nap) or an overnight home cardiorespiratory polygraphy. A total of 1166 patients (male/female ratio 4.9:1) fulfilled criteria of OSA (apnea-hypopnea index > or = 10). Women were employed, habitual drivers or workers at risk occupations in a lower percentage than men. Women came to the clinical interview accompanied by their partner less frequently than men. The frequency of snoring and daytime hypersomnolence was similar in both genders, although witnessed apneas were more frequent in males. Fatigue, morning headaches, insomnia, depression and use of sedatives were more frequent in women than in men. Women were older than men, more obese (although with an obesity pattern less centrally distributed), and

referred hypertension more frequently. It is concluded that it is likely that women with OSA may be underdiagnosed due to circumstances related to the family lifestyle and sociocultural factors in addition to different OSA clinical expression.
PMID: 15481275 [PubMed - in process]